



BELTON POLICE DEPARTMENT

Youth Police Academy Application

Student's Name: _____

Date of Birth: ____/____/____ Address: _____

Home Phone: _____

Male / Female

What school do you attend _____

Hobbies/Interests _____

Have you ever been in trouble with the Police or Juvenile Authorities? YES or NO

(If "Yes" please explain) _____

Shirt size: _____

Parent(s) / Guardian(s): _____

Cell Phone(s): _____ Work Phone: _____

Emergency Contact: _____

Relationship: _____

Phone #: _____

In the space provided below, in your own words, explain why you would like to attend the Youth Police Academy?

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this application and that all answers are true and correct to the best of my knowledge.

Student Signature: _____

Parent Signature: _____

Date: ____/____/____

Please return completed application to SROs Doug Taylor, Dane Kantor, or Richard Kusak, or to the front desk of the Belton Police Department